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**** CONTINUING DATA *******
 NONE *AR*

**** FOREIGN APPLICATIONS *******
 NONE *AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>AR</i>	Initials <i>AR</i>		

ADDRESS
30743

TITLE
METHODS AND STRUCTURES FOR PROTECTING ONE AREA WHILE PROCESSING ANOTHER AREA ON A CHIP

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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